

ORIGINAL

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK



EDWARD PERSON

Complaint for Employment  
Discrimination

Case No. **22-cv-2980**  
(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No  
(check one)

Donnelly, J.

Bloom, M.J.

(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

-against-

<sup>SECURITY</sup>  
MULLIGAN CORP. MR BOB  
Conleton, MR TOM COLLINS

(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>EDWARD PERSON (mailing address)</u>
Street Address	<u>PO Box 300152</u>
City and County	<u>BROOKLYN NEW YORK 11230</u>
State and Zip Code	
Telephone Number	<u>347 362 0944</u>
E-mail Address	<u>N/A</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>MR BOB CONGLETON</u>
Job or Title (if known)	<u>DIRECTOR x police</u>
Street Address	<u>2 penn plaza</u>
City and County	<u>MANHATTAN NEW YORK</u>
State and Zip Code	<u>10121</u>
Telephone Number	<u>212 563 0500</u>
E-mail Address (if known)	

**Defendant No. 2**

Name	<u>MR TOM COLLINS</u>
Job or Title (if known)	<u>SUPERVISOR x police</u>
Street Address	<u>2 penn plaza - 212 563-0500</u>
City and County	<u>MANHATTAN NY 10121</u>

3rd Defendant

State and Zip Code Mulligan Security Corp.  
 Telephone Number 2 Penn Plaza 24th Floor  
 E-mail Address 10121 Manhattan New York  
 (if known) 212 563-0500

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name 2 Penn Mulligan Corp. security  
 Street Address 2 Penn Plaza 24th Floor  
 City and County Manhattan  
 State and Zip Code NEW YORK 10121  
 Telephone Number 212 563-0500

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Other federal law (*specify the federal law*):

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☒ Relevant state law (*specify, if known*):

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☐ Relevant city or county law (*specify, if known*):

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### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts (*specify*): misconduct, retri, violations,

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

Between June 2019 - March 2, 2020

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race \_\_\_\_\_  
☐ color \_\_\_\_\_  
☐ gender/sex \_\_\_\_\_  
☐ religion \_\_\_\_\_  
☐ national origin \_\_\_\_\_  
☐ age. My year of birth is \_\_\_\_\_. *(Give your year of birth only if you are asserting a claim of age discrimination.)*  
☒ disability or perceived disability *(specify disability)*  
Back, neck, Testicular cancer, etc

E. The facts of my case are as follows. Attach additional pages if needed.

I started working for Mulligan security corp in the month of June 2019. my first position was Hired as a Fire guard. Then I was re assigned to do security at the construction site. Then I was interviewed by several top Bosses for the new post Lobby guard by ms shaw FBI, Mr Bob Conleton, Mr Tom Collins and others.

Please refer to yellow 8 page documents.

\* Request trial + jury

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

2-4-2021

- B. The Equal Employment Opportunity Commission (check one):

- ☐ has not issued a Notice of Right to Sue letter.  
☒ issued a Notice of Right to Sue letter, which I received on (date)

post office 3-30-22

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Trial + jury request  
my damages of  
misconduct by Mr Bob Congleton for plucking me in my head  
while on patrol leaving Manhattan west building, exiting door (Garage)  
NO accommodations, after being told in his office <sup>(Disabilities)</sup> AT 424 W 33rd  
2019. Mr Collins yelling at me in Oct 13, 2019 lobby, Mr Bob yelling  
at me in lobby 3-2-2020 yelling at me to get off the property + lobby  
and put my equipment on the control desk. in front of staff. AND skadden  
SECURITY OFFICERS. NO change in salary after interviewed for new post.  
ADMISSION by Bob Disorder OCA on 6/11/19 in his office.  
punitive, compensatory damages, emotional distress,  
misconduct, virus, BACK, and Front pay etc

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: MAY 18, 2022

Signature of Plaintiff

Edward Person

Printed Name of Plaintiff

EDWARD PERSON





## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office  
33 Whitehall St., 5th Floor  
New York, New York, 10004  
(929) 506-5270  
Website [www.eeoc.gov](http://www.eeoc.gov)

### **DETERMINATION AND NOTICE OF RIGHTS**

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 03/11/2022

To: Edward Person  
P.O. Box 300152  
Brooklyn, NY 11230

Charge No: 16G-2021-00990

EEOC Representative and email: Holly Shabazz  
State & Local Program Manager  
[HOLLY.SHABAZZ@EEOC.GOV](mailto:HOLLY.SHABAZZ@EEOC.GOV)

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### **DETERMINATION OF CHARGE**

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated your charge.

### **NOTICE OF YOUR RIGHT TO SUE**

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 16G-2021-00990.



Enclosure with EEOC Notice of Closure and Rights (Release Date)

**INFORMATION RELATED TO FILING SUIT  
UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court under Federal law. If you also plan to sue claiming violations of State law, please be aware that time limits may be shorter and other provisions of State law may be different than those described below.)*

**IMPORTANT TIME LIMITS — 90 DAYS TO FILE A LAWSUIT**

If you choose to file a lawsuit against the respondent(s) named in the charge of discrimination, you must file a complaint in court **within 90 days of the date you receive this Notice**. Receipt generally means the date when you (or your representative) opened this email or mail. You should **keep a record of the date you received this notice**. Once this 90-day period has passed, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and the record of your receiving it (email or envelope).

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Filing this Notice is not enough. For more information about filing a lawsuit, go to <https://www.eeoc.gov/employees/lawsuit.cfm>.

**ATTORNEY REPRESENTATION**

For information about locating an attorney to represent you, go to:  
<https://www.eeoc.gov/employees/lawsuit.cfm>.

In very limited circumstances, a U.S. District Court may appoint an attorney to represent individuals who demonstrate that they are financially unable to afford an attorney.

**HOW TO REQUEST YOUR CHARGE FILE AND 90-DAY TIME LIMIT FOR REQUESTS**

There are two ways to request a charge file: 1) a FOIA Request or 2) a Section 83 request. You may request your charge file under either or both procedures. EEOC can generally respond to Section 83 requests more promptly than FOIA requests.

Enclosure with EEOC Notice of Closure and Rights (Release Date)

Since a lawsuit must be filed within 90 days of this notice, please submit your request for the charge file promptly to allow sufficient time for EEOC to respond and for your review. Submit a signed written request stating it is a "FOIA Request" or a "Section 83 Request" for Charge Number 16G-2021-00990 to the District Director at Judy Keenan, 33 Whitehall St 5th Floor New York, NY 10004. You can also make a FOIA request online at <https://eeoc.arkcase.com/foia/portal/login>.

You may request the charge file up to 90 days after receiving this Notice of Right to Sue. After the 90 days have passed, you may request the charge file only if you have filed a lawsuit in court and provide a copy of the court complaint to EEOC.

For more information on submitting FOIA Requests and Section 83 Requests, go to: <https://www.eeoc.gov/eeoc/foia/index.cfm>.



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office  
33 Whitehall St., 5th Floor  
New York, New York, 10004  
(929) 506-5270  
Website [www.eeoc.gov](http://www.eeoc.gov)

On Behalf of the Commission:

A handwritten signature in dark ink, appearing to read "Judy Keenan", is written over a horizontal line.

Judy Keenan  
District Director

Cc: Attn: Director of Human Resources

Mulligan Security Corp.

1290 6<sup>th</sup> Avenue

10011

Please retain this notice for your records.

Exhibit B



## Division of Human Rights

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

EDWARD PERSON,

Complainant,

v.

MULLIGAN SECURITY CORP.,

Respondent.

DETERMINATION AND  
ORDER AFTER  
INVESTIGATION

Case No.  
10210814

Federal Charge No. 16GC100990

On 2/4/2021, Edward Person filed a verified complaint with the New York State Division of Human Rights ("Division") charging the above-named Respondent with an unlawful discriminatory practice relating to employment because of disability, and opposed discrimination/retaliation in violation of N.Y. Exec. Law, art. 15 (Human Rights Law).

After investigation, and following opportunity for review of related information and evidence by the named parties, the Division has determined that there is NO PROBABLE CAUSE to believe that the Respondent has engaged in or is engaging in the unlawful discriminatory practice complained of. This determination is based on the following:

There is a lack of evidence in support of the Complainant's allegations of disability discrimination and retaliation.

Complainant began working as a Security Officer for the Respondent in or about 5/31/2019. During his employment, Complainant worked at several work locations until he voluntarily resigned his position on 3/2/2020, after receiving a verbal counseling.

Complainant alleges that on two separate occasions during his 9-month tenure, he was yelled at by Respondent's Managers, and after the most recent incident on 3/2/2020, he was sent home and decided to never return because he was extremely embarrassed because it occurred in the presence of others. Complainant also claims that he believed that he was terminated. In addition, Complainant claims that he was denied instructions regarding his right to waive

medical benefits deductions and compensation, and information regarding the dangers of COVID 19.

Respondent denies Complainant's claims of discrimination and asserts that on 3/2/2020, in response to a complaint, Complainant was instructed to stay away from and cease coughing near a client's tenant at the workplace. However, immediately afterwards, the shift Manager observed the complainant approach the tenant at issue and coughed in his personal space. When confronted by the shift Manager regarding his insubordinate behavior, Complainant pulled out his cell phone and began using it, which is a violation of Respondent's policies. In response, Complainant was verbally counseled and sent home. Respondent provides Complainant failed to report for his next scheduled shift or any future shifts and after an extended absence with no notifications, Complainant was deemed to have abandoned his position.

The record supports that Complainant's employment ended by his actions. Complainant has not shown that he made anyone at Respondent aware of any disability, yet Respondent accommodated each of Complainant's requests over his nine months of employment. Our investigation revealed and both parties agree that the Complainant stopped reporting to work after 3/2/2020. Respondent asserts the Complainant blatantly violated an instruction to stay away



Dated:

10/22/21  
Brooklyn, New York

STATE DIVISION OF HUMAN RIGHTS

By:

William LaMot  
William LaMot  
Regional Director

Exhibit X D

CASE 10210814

EDWARD Person vs Morgan sec

Charge 16GC100990

CORP. Trial Jury

my NAME IS MR EDWARD PERSON  
AND I AM putting in THIS request for  
THE INVESTIGATION WAS done poorly by  
MS CHARINA CHAMPLAIN EEOC INVESTIGATOR  
AT SS HANSON place concerning my  
rights being violated (Revised or Adjusted complaint)

The violations that I endured WAS

#1 While standing outside on patrol in front of  
1 Manhattan west being punched in my head  
with my hard hat on by Mr Bob Director off  
SECURITY. Incident happened between June  
and December 2019 summer and time. Please  
check video of security camera. (Misconduct of physical use)

#2 I was assigned patrol down stairs outside  
at 424 A sitting post after two previous  
guards left. I witnessed them sitting down and  
when I renewed this post I was not allowed  
to sit during my entire shift morning to  
afternoon. The disability act states for accommodations



(verbal Abuse)

October 13, 2019

- #3 I was yelled at by Mr Tom and Mr (Bob Director of security on 3/2/20) Mr Tom while working inside 1 Manhattan west. This has be documented in Book.
- #4 I did not get a raise from starting 6/17/19 until 3/2/2020 to get off his property
- #5 I did not get my money for opting out of insurance plan.
- #6 I was continuously coughing while working and was not informed or protected that there was deadly virus and pandemic going around in a unsafe habit (areas at mulligan violation)
- #7 my charge filed was under age discrimination in Employment Act (ADEA) incorrectly due that this is a disability, misconduct, etc complaint.

(in addition)

Mr Edward Person

#8 upon hiring

Mr Edward Person

in his office Mr Bob c

November 16, 2021

Admitted having OED of p

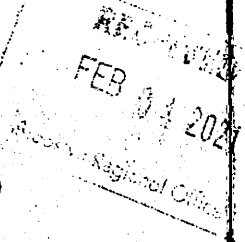
Bt or on 6/17/19. Ex police officer

EXHIBIT E



## Division of Human Rights

### Employment (Includes Licensing, Internships, & Volunteer Firefighting) Discrimination Complaint Form



#### Instructions

1) Please fill out the complaint form, answering all of the questions. If you are filling out the form on a computer, please print it immediately when you are finished. **You may not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print. **Please do not write in the margins or on the back of this form.**

**Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.**

2) After you fill out the form, please have this complaint form notarized. Please contact our office if you have questions about notarization (see below). Notary services are available at the Division free of charge.

3) Attach copies of any documents that you think will help the Division investigate your case (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the **original** complaint form to the regional office closest to you. See below for the list of office locations. You may return the complaint by **mail or in person**.

5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

6) The completed and notarized complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

#### Time Limit for Filing

Please note: You must file your complaint within **one year** of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated.

**If you need further assistance or require an accommodation for a disability, please call one of our offices, make an appointment for a personal meeting or visit our website at [www.dhr.ny.gov/complaint](http://www.dhr.ny.gov/complaint). Interpreter services are also available at no cost upon request.**

#### NYS Division of Human Rights Offices

##### **Albany**

Agency Building 1, 2nd Floor  
Empire State Plaza  
Albany, New York 12220  
Telephone No. (518) 474-2705

##### **Binghamton**

44 Hawley Street, Room 603  
Binghamton, New York 13901  
Telephone No. (607) 721-8467

##### **Buffalo**

Walter J. Mahoney State Office Bldg.  
65 Court Street, Suite 506  
Buffalo, New York 14202  
Telephone No. (716) 847-7632

##### **Brooklyn**

55 Hanson Place, Room 304  
Brooklyn, New York 11217  
Telephone No. (718) 722-2385

##### **Long Island (Nassau)**

50 Clinton Street, Suite 301  
Hempstead, New York 11550  
Telephone No. (516) 539-6848

##### **Long Island (Suffolk)**

New York State Office Building  
250 Veterans Memorial Highway,  
Suite 2B-49  
Hauppauge, New York 11788  
Telephone No. (631) 952-6434

##### **Manhattan**

Adam Clayton Powell Jr.  
State Office Bldg.  
163 West 125th Street, 4th Floor  
New York, New York 10027  
Telephone No. (212) 961-8650

##### **Office of Sexual Harassment Issues/Queens**

55 Hanson Place, Room 900  
Brooklyn, New York 11217  
Telephone No. (718) 722-2060

##### **Rochester**

One Monroe Square  
259 Monroe Avenue, Suite 308  
Rochester, New York 14607  
Telephone No. (585) 238-8250

##### **Syracuse**

333 E. Washington Street,  
Room 543  
Syracuse, New York 13202  
Telephone No. (315) 428-4633

##### **White Plains**

7-11 South Broadway, Suite 314  
White Plains, New York 10601  
Telephone No. (914) 989-3120

RECEIVED  
FEB 04 2021  
Brooklyn Regional Office

1  
Complaint



**Additional Information**

This page is for the Division's records and will remain confidential and will not be sent to the company or person(s) whom you are filing against.

**1. Contact Information**

My primary telephone number:

(347) 362 0944

My secondary telephone number:

( ) -

My email address:

N/A

Date of birth:

9-20-62

Contact person: (Someone who does not live with you but will know how to contact you if the Division cannot reach you)

Name: ROSETTA PARKER

Telephone number: (302) 455 - 9575

Address: N/AEmail address: N/ARelationship to me: MOTHER**2. Special Needs**

I am in need of:

☐ Interpretation (if so what language?): \_\_\_\_\_☒ Accommodations for a disability: BACK, NECK, TESTICULAR CANCER etc☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence☐ Other: \_\_\_\_\_**3. Settlement / Conciliation**

To settle this complaint, I would accept: (Explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc.?)

Letter of Apology After complaining to BOB AND TOM, NOT for this to happen to anyone else. change in policy. have more respect for employees, accommodate disability people right AWAY start of their employment compensation for all mentioned on page (3) three and more etc. inform people of virus

**4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation)**

The following people saw or heard the discrimination and can act as witnesses:

Name: Kevin, ~~Mark~~ (CV)Title: Fire Guard

Telephone Number: ( ) -

Relationship to me: CO WORKERS

What did this person witness?

myself standing in lobby or out side in heat at 424 west 33st 8 hrs

Name: MS KennedyTitle: Security Guard

Telephone Number: ( ) -

Relationship to me: CO WORKER

What did this person witness?

myself standing out side monitoring the construction work + the site property at 424 west 33 in the heat 8 hrs

MORE people

5. Did you report or complain about the discrimination to someone else? ☒ Yes ☒ No (EP)

If yes, how exactly did you complain about the discrimination? (To whom did you complain?)

I ASK MR. TOM C. CAN I SIT DOWN AT 424 AND WAS DENIED.

Date you reported or complained about discrimination:

while working outside of 424 w 35.5 month day 2019 year

What happened after you complained?

nothing, no accommodation of any kind.

If you did not report the discrimination, please explain why:

THE Big Bosses ARE suppose to know about this violation of disabilities and more and should be the first to accommodate any one who has a disability & was told several times at beginning of employment I did report it to them. They are responsible for accommodating employees with disabilities.

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.)

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.)

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

**Basis of alleged discrimination:**

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<b>Age:</b> Date of Birth: _____	<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<b>Arrest Record</b> (resolved in your favor or youthful offender record or sealed conviction record)	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<b>Conviction Record</b>	<input type="checkbox"/> <b>Predisposing Genetic Characteristic:</b> Please specify: _____
<b>Creed/ Religion:</b> Please specify: _____	<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify: _____
<b>Disability:</b> Please specify: <u>constant pain + disc. for BAD BACK, neck, Testicular cancer removed</u>	<input type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____
<b>Domestic Violence Victim Status</b>	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<b>Familial Status:</b> Please specify: _____	<input type="checkbox"/> <b>Sex:</b> Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input type="checkbox"/> Sexual Harassment
<b>Marital Status:</b> Please specify: _____	

you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

**Retaliation:** How you did you oppose discrimination: Spoke to Mr Bob + Mr Tom - C.

**Acts of alleged discrimination:** What did the person/company you are complaining against do? Check all that apply

Refused to hire me	<input checked="" type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Denied me services/treated differently by employment agency
Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
Denied me training	<input checked="" type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input checked="" type="checkbox"/> Other: <u>held back info concerning the virus + pandemic deadly.</u>



## 9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

I would like a Trial + Jury in this case

At The Beginning of my Employment I told & Explained to Mr Bob my Disabilities I WAS NOT allowed to sit DOWN OR get A post THAT WAS suitable for my disability. During my hours working outside 424 W 33 street in Year 2019 THIS Shift 8-4 + 8-3 OUT side in THE RAIN HEAT IN FRONT OF 424 W 33 st IS UNEXCEPTABLE I suffered <sup>constantly</sup> WITH pain + suffering Anxiety etc. while working. The construction site I WAS verbally abused by construction workers on a steady Bases, being cursed at threaten by them and only being help (once) when Mr. Bob, Tom + few others came Down to assist in my request for help. I've Been yelled AT in public by Mr Tom + Mr Bob in public while working. I was very embarrassed on Both occasions etc. - I worked from June 2019 until March 2, 2020 without A raise which is UNHEARD OF, They offered insurance medical and I was supposed to get A weeks pay if I didn't get the medical. I didn't get my weeks pay. They said when I found out it was too late. so I didn't get nothing. NO \$32.00 or medical insurance. working and not being informed about these rules is wrong and I did not get compensated for either. You come to a new company and there is NO accountability for new employees. NO RAISE, insurance, no weeks pay witnesses upon request. while I was WORKING AROUND many people I WAS IN CONTACT WITH, I WAS constantly coughing. while the company did not let me know OR inform me there WAS A DEADLY VIRUS CORONAVIRUS AND A pandemic going on AND the company was in violation of these issues. People of many were & are dying all over. I also was yelled AT by Tom in front of staff & also yelled AT by Bob on 3-2-2020 in lobby in front of staff to go home to get off his property 3-2-20. Edmund Lebron UNEXCEPTABLE conduct. request legal rep. 2/4/2021

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.



### Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

PLEASE INITIAL \_\_\_\_\_ I HAVE A CASE IN THE SECOND CIRCUIT AT 40 FEELING Sg  
FOR A DISABILITY OF ACCOMMODATION.

I swear under penalty of perjury that I am the complainant herein that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Edmund Posen

Sign your full legal name

DOR, & ANGLIN  
Notary Public, State of New York  
No. 01, 1496056  
Qualified in Nassau County  
Cert. Filed in Kings County  
Commission Expires 12/26/21

Subscribed and sworn before me

This 2nd day of February, 2021

[Signature]  
Signature of Notary Public

County: Kings Commission expires: 12/26/21

**Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.**